

Mental Retardation Community Medicaid Services

INDIVIDUAL SERVICE PLAN

CRISIS STABILIZATION

____ Code # Clinical/Behavior Intervention ____ Code # Crisis Supervision

Individual: _____ Medicaid Number: _____

Provider Name: _____ Provider Number: _____

Start Date: _____ End Date: _____

Number of **authorized** Crisis Stabilization days year to date: ____ (Maximum: 15 days per authorization/60 days per calendar year)

Goals/objectives are based on up-to-date assessment information present in the file.

CSP SELECTED GOAL/ DESIRED OUTCOME: *To provide direct interventions during a crisis to enable _____ to remain in the community setting.*

OBJECTIVES (Examples in italics. Delete any that do not apply. Add any additional on page 2.)	ACTIVITIES/STRATEGIES (Examples in italics. Delete any that do not apply. Add any additional on page 2.)	PROJECTED HOURS
<p>1) Prior to implementation of service, qmrp will complete a face-to-face assessment to determine clinical interventions needed. This assessment may be conducted jointly with a licensed mental health professional or other appropriate professionals.</p> <p>2) Determine that documentation is present to confirm eligibility for service.</p> <p>3. Determine that _____ is at risk.</p>	<p>1) Meet with _____ face-to-face to confirm current situation and supports needed.</p> <p>CHECK ALL THAT APPLY: 2) Case manager or other appropriate personnel, reviews documentation to confirm that _____: ____ a) is experiencing marked reduction in psychiatric, adaptive, or behavioral functioning; OR ____ b) is experiencing extreme increase in emotional distress; OR ____ c) needs continuous intervention to maintain stability; OR ____ d) is causing harm to self or others.</p> <p>CHECK ALL THAT APPLY: 3) Case manager or other appropriate personnel, reviews documentation, meets with _____ or significant others, to confirm that _____ is at risk of ____ a) psychiatric hospitalization; OR ____ b) emergency ICF-MR placement; OR ____ c) disruption of community status (living arrangement, day placement, or school; OR ____ d) causing harm to self or others.</p>	NOT BILLABLE UNDER CRISIS STABIL.

Individual: _____ Service: Crisis Stabilization Start Date: _____ End Date: _____

<p>OBJECTIVES</p> <p><i>(Examples in italics. Delete any that do not apply. Add any additional.)</i></p>	<p>ACTIVITIES/ STRATEGIES</p> <p><i>(Examples in italics. Delete any that do not apply. Add any additional.)</i></p>	<p>PROJECTED HOURS</p>
<p>4. <i>Staff qualified to provide the clinical/behavioral aspects of crisis stabilization will provide activities to stabilize _____ in the community.</i></p> <hr/> <p>IF APPLICABLE:</p> <p>5. <i>As a component of Crisis Stabilization, provide temporary crisis supervision to ensure the safety of _____ and others.</i></p> <p><u>(Restricted to staff of DMHMRSAS licensed Residential, Supportive Residential, or Day Support Services).</u></p>	<p>CHECK ALL THAT APPLY:</p> <p>4) <i>Meet with _____ and/or significant others in the home, day support setting, respite setting, etc. in order to:</i></p> <p>____ a) <i>Complete a psychiatric, neuropsychiatric, or psychological assessment & and other functional assessments; OR</i></p> <p>____ b) <i>Review current medication schedule & need for any changes; OR</i></p> <p>____ c) <i>Complete/review behavior assessment and/or behavioral support plan; OR</i></p> <p>____ d) <i>Complete intensive case coordination with other agencies/providers for delivery of supports that will enable _____ to remain in the community; OR</i></p> <p>____ e) <i>Complete training for family members/other care givers/service providers in positive behavior supports to enable _____ to remain in the community.</i></p> <p>TOTAL HOURS FOR CLINICAL INTERVENTION: _____</p> <p>5. <i>Provide face-to-face, one-to-one supervision of _____ to ensure the safety of _____ and others.</i></p> <p>TOTAL HOURS FOR CRISIS SUPERVISION: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Attach a signature page that includes, at a minimum, the signatures of the individual/legal guardian and the provider's responsible staff member.*